UNIVERSITY COLLEGE LONDON

ORGANISATION AND ARRANGEMENTS FOR SAFETY

Last Review Date: November 2019
# Contents Page

## Introduction to UCL’s Safety Management System

### PLAN

1. **SAFETY POLICY** .................................................................................................................. 5  
   1.1. **SAFETY POLICY AND SENIOR MANAGEMENT COMMITMENT** ................................. 5  

2. **PLANNING** .......................................................................................................................... 6  
   2.1. **SAFETY OBJECTIVES** .................................................................................................... 6  
   2.2. **UCL Health and Safety Objectives** ................................................................................ 6  
   2.3. **RISK BASED SAFETY IMPROVEMENT PLANS** ................................................................. 6  
   2.3.1. **Emergency Preparedness and Response** ................................................................. 6  
   2.3.2. **Fire Evacuation Drills** ................................................................................................ 7  
   2.3.3. **First Aid** .................................................................................................................... 7  
   2.4. **CONTRACTOR MANAGEMENT** ...................................................................................... 8  
   2.5. **MANAGEMENT OF CHANGE** ....................................................................................... 9  

### DO

3. **RESPONSIBILITIES** .............................................................................................................. 9  
   3.1. **SAFETY RESPONSIBILITIES OF INDIVIDUALS** .............................................................. 9  
   3.1.1. **Overview** .................................................................................................................... 9  
   3.1.2. **The President and Provost** .......................................................................................... 9  
   3.1.3. **UCL Senior Management** ........................................................................................... 10  
   3.1.4. **Chief Operating Officer** .............................................................................................. 10  
   3.1.5. **UCL Director Of Estates** ............................................................................................. 10  
   3.1.6. **Heads of Department** .................................................................................................. 11  
   3.1.7. **Departmental Managers, Principle Investigators and Supervisors** ................................. 12  
   3.1.8. **UCL employees** ........................................................................................................... 13  
   3.1.9. **Students and visitors** ................................................................................................ 13  
   3.1.10. **Disabled Persons & Temporarily Incapacitated** .......................................................... 13  
   3.2. **MANAGEMENT TEAM SAFETY RESPONSIBILITIES** ..................................................... 14  
   3.2.1. **UCL Council** .............................................................................................................. 14  
   3.2.2. **SMT** ............................................................................................................................ 14  
   3.2.3. **Faculty, School and Divisional Management Teams** ..................................................... 14  
   3.3. **DEPARTMENTAL SPECIALIST SAFETY ROLES** ............................................................. 14  
   3.4. **HEALTH & SAFETY COMMITTEES** ................................................................................. 15  
   3.4.1. **UCL Health and Safety Committee (HSC)** .............................................................. 15  
   3.4.2. **Ionising Radiation Committee (IRC)** ......................................................................... 16  
   3.4.3. **Genetic Modification Safety Committee (GMSC)** ...................................................... 19  
   3.4.4. **Departmental Safety Committees** ............................................................................... 19  
   3.5. **UNION APPOINTED HEALTH AND SAFETY REPRESENTATIVES** ............................... 20  
   3.6. **UCL SAFETY SERVICES** ................................................................................................ 20  
   3.6.1. **Head of Safety** ........................................................................................................... 21  
   3.6.2. **Specialist Safety Roles** ............................................................................................... 21  
   3.7. **Workplace Health (previously OCCUPATIONAL HEALTH & WELLBEING)** ..................... 24
4. HEALTH AND SAFETY RISK MANAGEMENT ................................................. 25
   4.1. TARGET 100 (T100) ................................................................. 26
   4.2. RISK ASSESSMENT ................................................................. 26
   4.3. FIRE RISK ASSESSMENT......................................................... 26
   4.4. RISK REGISTERS ................................................................ 27

5. TRAINING, AWARENESS AND COMPETENCE .............................................. 27
   5.1. INDUCTION ......................................................................... 27
   5.2. TRAINING ........................................................................... 28
      5.2.1. Training Needs ............................................................... 28
      5.2.2. Training Records ........................................................... 28
      5.2.3. Training Evaluation ....................................................... 29
      5.2.4. Instruction .................................................................. 29
      5.2.5. Refresher Training ......................................................... 29

6. COMMUNICATION, CONSULTATION & CO-OPERATION .............................. 29
   6.1. COMMUNICATION .................................................................. 29
      6.1.1. Internal communication ................................................ 29
      6.1.2. External Communication .............................................. 30
      6.1.3. Enforcing Authority Contact and Liaison ....................... 30
   6.2. CONSULTATION ................................................................... 30
   6.3. CO-OPERATION ................................................................... 30

7. OPERATIONAL SAFETY ............................................................................ 31
   7.1. SPECIFIC HAZARDS ............................................................... 31
      7.1.1. Management of Fire Safety ........................................... 31
      7.1.2. Management of Biosafety ............................................. 31
      7.1.3. Radiation ...................................................................... 32
      7.1.4. Chemical ....................................................................... 32
      7.1.5. Asbestos ....................................................................... 33
      7.1.6. Construction ................................................................ Error! Bookmark not defined.
   7.2. SAFE PLACE OF WORK ............................................................ 34
   7.3. SAFETY OF PLANT AND EQUIPMENT ....................................... 34
   7.4. PERMIT TO WORK AND CONTROL OF CONTRACTOR ARRANGEMENTS 35
   7.5. SAFE SYSTEMS OF WORK ....................................................... 35

8. DOCUMENT AND RECORD MANAGEMENT .............................................. 35
   8.1. DOCUMENTATION .................................................................. 35
      8.1.1. Documentation Structure ............................................... 35
      8.1.2. Local Safety Documentation .......................................... 36
      8.1.3. Document Control .......................................................... 36
   8.2. RECORD KEEPING .................................................................. Error! Bookmark not defined.
   8.3. INFORMATION .......................................................................... 36
      8.3.1. Fire Safety Information and Advice ................................ Error! Bookmark not defined.
CHECK

9. MEASURING PERFORMANCE ........................................................................................................... 38
   9.1. MONITORING ............................................................................................................................... 38
       9.1.1. Responsibilities for Monitoring ........................................................................................... 38
       9.1.2. Proactive Monitoring ............................................................................................................ 38
       9.1.3. Reactive Monitoring ............................................................................................................. 39
       9.1.4. Monitoring of Third Party Performance and Compliance ................................................... 39
   9.2. STATUTORY CHECKS ................................................................................................................ 39

10. ACCIDENT/INCIDENT MANAGEMENT ......................................................................................... 40
    10.1. ACCIDENT/INCIDENT REPORTING AND INVESTIGATION .................................................. 40
    10.2. ACCIDENT/INCIDENT CLOSE OUT ......................................................................................... 41

11. AUDIT ........................................................................................................................................... 41
    11.1. INTERNAL AUDITS .................................................................................................................. 41
    11.2. EXTERNAL AUDITS ................................................................................................................. 41

ACT

12. REPORTING OF PERFORMANCE .................................................................................................. 42
    12.1. UCL PERFORMANCE REPORTS ................................................................................................ 42
         12.1.1. Annual Report to Council ............................................................................................... 42
         12.1.2. UCL Safety Performance Report ..................................................................................... 42
    12.2. DEPARTMENTAL SAFETY PERFORMANCE REPORTS ............................................................ 42

13. REVIEW OF PERFORMANCE ....................................................................................................... 42
    13.1. MANAGEMENT REVIEW .......................................................................................................... 42
         13.1.1. Learning Lessons and Continuous Improvement ............................................................ 42
         13.1.2. Departmental Safety Improvement .................................................................................... 43
         13.1.3. Review of Adequacy of Resource and Support Provision .............................................. 43
Introduction to UCL’s Safety Management System

The UCL Statement of Safety Policy acknowledges UCL’s statutory obligation to manage its work in such a way as to minimise health and safety risks to its staff, students and others who might be affected by its activities. This is set out in general terms in the Management Regulations but is described in much greater detail in guidance from the Health and Safety Executive aimed at all UK employers.

The UCL safety management system is based on the HSE publication HS(G)65 which is a Plan-Do-Check-Act process where ownership and responsibilities are integral to the activity owners. The philosophy behind the system is that the people responsible for creating the risk are the people responsible for managing the risk. It is for this reason that a significant amount of effort is directed at developing our people, processes and enabling technology\(^1\) to help managers fulfil their responsibilities and in so doing, as a minimum, meet legal requirements.

Each Department must record its own organisation and arrangements to implement UCL Safety Policy. This must include a statement of commitment to meeting the requirements of the UCL H&S Policy signed by the HoD and describe how the Department supports the achievement of the corporate aims and objectives. They should describe the responsibilities and mechanisms by which the Department will meet the relevant corporate requirements and how the corporate responsibilities cascade to the Department. In addition, they will describe any relevant Departmental documentation, associated responsibilities and how they relate to corporate documentation.

This document contains the current UCL organisation and arrangements for the implementation of the safety policy and compliance with its legal obligations and identifies where further detail on specific arrangements may be found. The document is arranged in line with the Plan, Do, Check, Act management cycle as advocated by the HSE and UCEA/USHA.

\(^1\) (RiskNET - https://www.ucl.ac.uk/safety-services/risknet)

This document is authorised by the Provost and President. Changes to this document are the responsibility of the Head of Safety following approval by the HSC or SMT. In this way the document remains an accurate record of the current arrangements of UCL for meeting its Safety Policy.
1. SAFETY POLICY

1.1. SAFETY POLICY AND SENIOR MANAGEMENT COMMITMENT

The statement of H&S policy is contained in the document “Health and Safety Policy”. The policy is reviewed annually and signed by the President & Provost demonstrating clear commitment to a strong, positive safety culture and compliance to legal and other requirements to which the organisation subscribes. The policy document contains the UCL H&S objectives approved by the HSC.

The diagram below gives an overview of the structures in place for the management of health and safety. Specific details on responsibilities are covered in subsequent sections.
2. PLANNING

2.1. SAFETY OBJECTIVES

2.1.1. UCL HEALTH AND SAFETY OBJECTIVES

Health and safety is integral to the planning of all our business and work activities to ensure adequate resources are provided to implement health and safety requirements. University health and safety objectives are developed annually for review and endorsement by HSC. The Head of Safety is responsible for the analysis of UCL-wide health and safety risks, the effectiveness of the safety management system and the development of University safety objectives. Relevant actions are cascaded to UCL Departments. Progress against the UCL Safety Objectives is reviewed quarterly by the HSC.

The analysis is made from a variety of sources:

- Management system KPI measurement and analysis
- Risk Assessments
- Incidents
- Inspection results
- Actions (current and over-run)
- Legal and other requirements
- Health and safety policy decisions
- Non-conformances
- Audit/Assurance findings
- Typical significant hazards known to be present in the organisation

2.2. RISK BASED SAFETY IMPROVEMENT PLANS

UCL Departments are required to performing their own analysis of their departmental risks and effectiveness of their safety management system. From the identified risks actions are determined and fed into the departmental planning process. The HSC is responsible for monitoring progress at the organisational level and for departments this responsibility should be determined and recorded in the departmental organisation and arrangements. The effectiveness of the safety management system can be measured by Departments using the Target 100 (T100) tool and Safety Services are using the tool as part of the Senior Management Awareness Programme.

2.3. EMERGENCY PREPAREDNESS AND RESPONSE

2.3.1. ORGANISATIONAL RESILIENCE, RESPONSE AND CONTINGENCY PLANNING

Information and contacts for incident response are located on the UCL website: (http://www.ucl.ac.uk/emergency-planning/).

The arrangements for incident reporting, investigation and management, first aid and fire can be found on the Safety Services web site: https://www.ucl.ac.uk/safety-services
Safety Services is a professional support service, which provides competent safety advice and practical tools to enable UCL to meet its core objectives in research, teaching and engagement.

Our processes follow international standards and best practice.

The UCL Resilience Framework is being applied across our Faculties and Departments to align and standardise the approach to incident response, incident management, business continuity and contingency planning. Safety Services have two expert and pro-active resilience and business continuity management advisors to facilitate the development, review and exercising of plans.

UCL Response and Contingency Plans (RCP) consist of two parts. Part 1 of the RCP template contains an incident response roadmap and toolkit providing guidance on incident identification, reporting, escalation, departmental contact numbers, UCL professional communications and media, risk mitigation, decision logging, a draft meeting agenda, guidance on stakeholder engagement and welfare.

Part 2 records business critical activities and recovery time objectives for high risk and priority areas of business delivery.

To capture business critical activity data a nominee attends a ‘Business Impact Analysis lite’ (BIA) workshop and subsequently using a simple template gathers information on their team(s) business activities and any existing contingencies/alternate ways of working.

An interactive consolidation stage identifies the highest risk areas of business delivery against time criticality, so if faced with a significant interruption departments know what work takes priority and which can be temporarily suspended.

This process also allows action planning to develop contingencies where none currently exist and once addressed puts departments in a strong position to manage significant business interruptions.

Faculties/Departments are responsible for:

- Ensuring development and annual review of Response and Contingency Plans.
- Ensuring their staff are aware of the RCP and its content.
- Exercising the RCP or elements within it, to ensure it is fit for purpose.

2.3.2. **FIRE EVACUATION DRILLS**

Fire evacuation drills for UCL buildings will be conducted annually and may be unannounced. Fire drills serve a legal compliance function, although offer additional opportunities for advancing fire safety standards at UCL (see TN103, www.ucl.ac.uk/fire for further guidance).

2.3.3. **FIRST AID**

UCL Safety Services is responsible for assessing and identifying the type of first aiders required in each UCL building.
Departments undertaking specific activities or with specialist areas such as fieldwork, dealing with the public, will be responsible for reviewing and assessing their first aid needs to ensure that the existing level of first aid cover is appropriate and adequate for the level of risk in the work areas.

UCL manages the provision of first aid through three first aid roles: the Appointed Person (First Aid) and two groups of qualified first aiders, those who have completed the three day First Aid at Work course (FAW) or the one day Emergency First Aid at Work course (EFAW).

For regulatory purposes, the EFAW certificate holder can act as a first aider in the workplace but not the Appointed Person (First Aid)), whose role is to take charge when someone falls ill or is injured and call the emergency services if required but not attempt to give first aid for which they are not trained.

The UCL Appointed Person (First Aid) can provide emergency cover, within their role and competence, where a first-aider is absent due to unforeseen circumstance.

Both the UCL First Aid at Work (FAW) and the Emergency First Aid at Work (EFAW) certificates are valid for three years.

All qualified First Aiders are expected to maintain their first aid certifications by attending the appropriate first aid training. They are strongly advised to attend annual refresher training during their three year FAW/ EFAW certification period to help maintain their basic skills and keep up to date with any changes to first-aid procedures.

Guidance on UCL arrangements for the provision of first aid is obtainable from the Safety Services web site: https://www.ucl.ac.uk/safety-services/a-z/first-aid

2.4. CONTRACTOR MANAGEMENT

UCL Estates manage various: construction, cleaning, waste removal, security, asbestos surveying and removal, catering, BMS, fire alarms, lifts and chillers maintenance and water hygiene contractors.

To successfully manage contractors UCL Estates has a set of Standards, Policies and Procedures that forms Employers Requirements to which contractors must adhere to.

To ensure adherence UCL Services Contracts Managers and Project Officers are tasked to monitor contractors’ health and safety performance via frequent inspections, unannounced workplace visits and evaluations of Key Performance Indicators.

Inspection reports are recorded on UCL online reporting tool RiskNET which allows to analyse reports and act on identified health and safety shortcomings.
2.5. MANAGEMENT OF CHANGE

Management of change is an important aspect of safety management. Change can introduce new hazards that could impact the appropriateness and effectiveness of any existing risk mitigation. Whenever a significant change is introduced to an existing system, such as a new operational requirement or a major reorganisation, and it is determined that the change may lead to a risk, the risk must be identified and then the change must be carefully managed in co-operation with the affected stakeholders. UCL’s procedures for hazard identification and risk assessment enable managers to take into account changes or proposed changes in the organization, its activities or materials prior to the introduction of such changes to identify potential hazards that will ensure that there is no adverse effect on safety.

Managers, through the risk assessment process, are required to:

- Identify any significant hazards associated with “change”
- Assess any risks associated with “change”
- Consider the hazards and risks where identified prior to the introduction of the “change”
- Implement the controls needed to address the identified hazards and risks associated with the “change”
- Monitor the change as a way to collect and analyse feedback, identify gaps and lessons learned

3. RESPONSIBILITIES

3.1. SAFETY RESPONSIBILITIES OF INDIVIDUALS

3.1.1. OVERVIEW

Responsibility for health and safety cascades through the organisation from the President and Provost to each individual. Responsibilities are allocated based on the principle that you are responsible for the work under your control, for those working under your control and for the people who are affected by your work. Arrangements are in place to facilitate and support management in meeting their responsibilities.

3.1.2. THE PRESIDENT AND PROVOST

The President & Provost, in his capacity as UCL’s Chief Executive Officer, is responsible to UCL Council for the manner in which all of UCL’s activities are conducted; this includes the management of health and safety. In his capacity as Chief Executive of UCL, the President and Provost is the ‘employer’ who is the ‘Responsible Person’ under the Fire Safety Order. The Chair of Council and the President and Provost shall authorise the UCL Statement of Safety Policy and the arrangements made under it. The President and Provost shall satisfy UCL Council that the Policy has been adequately implemented by UCL senior management and Heads of Department.
3.1.3. **UCL SENIOR MANAGEMENT**

The general management responsibilities including those for health and safety apply to all individuals who have direct management control of areas of UCL activity. This includes Institute Directors and Deans who may have several Departments under their authority whether collectively labelled as Institute, School or Faculty. UCL senior management are responsible to the President and Provost for the safe management of all work under their authority. They are responsible for ensuring the health and safety of those under their management authority and for monitoring the performance of their management teams.

3.1.4. **CHIEF OPERATING OFFICER (COO)**

The Chief Operating Officer (COO) is the executive member with responsibility for the oversight and championing of the effective management of health and safety. The COO is responsible for ensuring that the health and safety management system is properly implemented and performing to requirements in all locations and spheres of operation identified within the system scope. The COO is also responsible for the effectiveness of UCL’s health and safety organisation and arrangements and ensures the provision of appropriate resources to enable persons with specific responsibilities for health and safety, including relevant committees, to perform their functions properly.

The Chief Operating Officer is responsible for:

- Keeping the SMT informed of, and alert to, significant health and safety issues and initiatives that affect the organisation
- Ensuring that UCL has access to appropriate sources of competent advice and resource
- Sponsoring the annual review of health and safety performance
- Chairing or appointing the chair of the HSC
- Approving the appointment of the Head of Safety

The general management responsibilities including those for health and safety apply to the following.

3.1.5. **UCL DIRECTOR OF ESTATES**

The Director of Estates is a ‘Duty Holder’ to both the President and Provost and to Heads of Departments, with respect to:

- The structural fire precautions, safe design, other measures and adequacy of the means of escape from the premises
- The fire alarm systems
- The emergency lighting
- The fire equipment
- The fire brigade facilities (under Article 17 of the Fire Safety Order)

In premises under UCL’s control, the maintenance of the building elements, systems and infrastructure provided for fire safety is the responsibility of the UCL Director of Estates.
In premises leased by UCL, the responsibility will be in accordance with the repairing obligations under the Lease or through the Landlord or their representatives.

The Director of Estates will ensure:

- A competent person is available to provide advice, guidance and assistance on fire safety management to UCL staff
- That fire risk assessments and fire safety audits are carried out by a competent person(s) and other areas or buildings occupied by UCL for which he is responsible
- That appropriate fire standards, procedures and guidance are designed to reflect the statutory obligations and particular fire risk management needs of UCL
- That the risk based corporate UCL fire risk assessment process is undertaken and funding provided where necessary to ensure compliance

3.1.6. HEADS OF DEPARTMENT

Heads of Department are responsible ultimately, through their senior management, to the President & Provost for the safe management of all work under their authority. They are responsible for and take a lead in:

- Ensuring that their areas of control and responsibility meet statutory and UCL safety standards;
- The preparation, annual review and authorisation of the organisation and arrangements specific to each department for managing health and safety including confirmation of the departmental Responsible Persons Register
- Ensuring the allocation of the necessary resources including the appointment of Departmental Specialist Officers and competent persons
- The identification, assessment and review of significant risks and ensuring the planning, implementation, monitoring and review of measures to control the risks
- The setting of departmental safety objectives and action plans to manage the risks including those identified by the UCL Fire risk Assessment process.
- The identification of activities critical to their business continuity and preparation of plans to minimise the impact of a major incident, in conjunction with the overall UCL plan and including arrangements for all relevant persons who have restricted mobility, sensory disabilities or who are temporarily incapacitated.
- The planning, implementation, monitoring and review of measures to control risk arising from the activities of their department
- Ensuring that all persons who may be affected by the department’s activities understand the arrangements for health and safety and have access to the necessary information
- Establishing local consultative health and safety arrangements or, in low risk departments, placing health and safety as a standing item on the agenda of the departmental management committee if a departmental health and safety committee is not justified

---

2 The recorded departmental organisation and arrangements together with this document and the UCL Safety Policy document represent the UCL Statement of Safety Policy as required under S 2(3) of the Health and Safety at Work etc Act 1974
• Making explicit and documenting the co-operation and coordination responsibilities and arrangements where workplaces are shared with other UCL departments and other employers
• Ensuring all new members of staff and full-time postgraduate research students complete the health and safety induction requirements
• Ensuring the competence of employees including the maintenance of records on the appropriate UCL systems e.g. training records
• Ensuring all activities undertaken on behalf of UCL are carried out by, or supervised by, competent people who have the necessary authority to meet their responsibilities
• Ensuring adequate supervision of all students and visitors to UCL
• Reviewing the health and safety performance and adequacy of existing health and safety arrangements of the Department in accordance with agreed standards.

3.1.7. DEPARTMENTAL MANAGERS, PRINCIPLE INVESTIGATORS AND SUPERVISORS

Departmental managers, Principle Investigators and supervisors (an inclusive term to describe all those who have a duty to manage any aspect of the work activity of the department, whether carried out by staff or students) shall be accountable to the Head of Department for the health and safety management of the work activities under their control as directed by the Head of Department. Their duties include:

• Assessing the risks of the work under their control
• Ensuring the implementation and maintenance of relevant risk control measures
• Ensuring the provision of suitable information, instruction, training and supervision of staff, students and academic visitors under their control taking into account the experience and skills of these people
• Ensuring the safe handling and use of hazardous substances and the maintenance of safe plant, machinery and equipment
• Ensuring that the operation and effectiveness of the risk control measures are monitored
• Ensuring all accidents and incidents are reported and investigated in accordance with agreed procedures and guidance
• Familiarising themselves with fire and emergency drills (including the location of emergency telephones) and escape routes
• As far as reasonably practicable, direct students to observe UCL instructions in respect of fire safety while in their direct charge
• Ensuring students are provided with clear information and instructions in the event of a fire situation, and take all reasonable steps to ensure safe egress of students in any teaching space used by them, regardless of the location
• Ensuring that they have appointed a suitable deputy to maintain appropriate supervision of the work under their control in their absence from the Department
3.1.8. **UCL EMPLOYEES**

The attention of all UCL employees is drawn to their legal responsibilities:

- To take reasonable care of themselves and all others who may be affected by their acts and omissions
- To co-operate with both the central and Departmental policy and arrangements for safe working including any training and occupational health requirements
- Not to interfere with or misuse anything, objects, structures or systems of work, provided by UCL in the interests of health and safety

Any failure to comply with the above may lead to disciplinary action which could result in dismissal. Any breach of UCL's health and safety rules that places a member of staff or others in danger will be treated as gross misconduct under UCL's Disciplinary Procedure.

If you or your colleagues think there is a health and safety concern the steps you should consider in ranked priority order are:

- Discuss the matter with your line manager
- In the case of work-related health matters request a referral to the Occupational Health Service [http://www.ucl.ac.uk/hr/occ_health/what_do_we_do/self_referral.php](http://www.ucl.ac.uk/hr/occ_health/what_do_we_do/self_referral.php)
- Contact your nominated Departmental Safety Specialist relevant to the topic area
- Contact your health and safety representative

and at any time you can

- Discuss the matter with Safety Advisers in Safety Services

3.1.9. **STUDENTS AND VISITORS**

The attention of all students and all visitors is drawn to their legal responsibility not to interfere with or misuse anything, objects, structures or systems of work, provided by UCL in the interests of health and safety.

It shall be a condition of registration of students and the terms of reference of academic visitors that they co-operate with UCL by complying with this Policy.

3.1.10. **DISABLED PERSONS & TEMPORARILY INCAPACITATED**

The Fire Safety Order 2005 requires Employers to provide suitable evacuation procedures for people with disabilities, pregnant mothers and those with health conditions that make it difficult to self-evacuate in the event of an emergency. This includes the provision of refuges, communications, fire warning systems and training for staff as far as reasonably practicable.

3 Section 7 of the Health and Safety at Work etc Act 1974
4 Section 8 of the Health and Safety at Work etc Act 1974
5 Refuge - area that is both separated by fire-resisting construction and provided with a safe route to a storey exit, thus constituting a temporarily safe space.
To assist in understanding the individual person’s emergency egress needs, UCL has developed a simple guide and assessment tool to be used by Head of Departments (HoD) and their staff to develop an agreed individual strategy for emergency egress. The agreed procedures with individual and departmental responsibilities are formally set out in the form of a Personal Emergency Egress Plan (PEEP). Reference A, includes a PEEP Template.

Further guidance available from the fire safety web (see Technical Note TN008 & TN009 at https://www.ucl.ac.uk/fire).

### 3.2. MANAGEMENT TEAM SAFETY RESPONSIBILITIES

#### 3.2.1. UCL COUNCIL

The ultimate responsibility for health and safety rests with UCL Council as the employer. The Council assures itself through annual reports and ad hoc interventions that health and safety is being properly managed. It has delegated the duty of the day-to-day running of UCL, which includes the management of health and safety, to the President & Provost. Details concerning the current membership of the Council may be obtained from the Director of Academic Services.

#### 3.2.2. SMT

The President & Provost and the SMT set UCL safety policy, objectives and UCL requirements for health and safety and are responsible for the establishment and effective implementation of the organisation and arrangements for health and safety management. They are key in the communication, promotion and leadership of health and safety. The SMT review UCL’s safety performance and receive papers of key issues for discussion and approval at their regular meetings where required by HSC or the Vice-Provost (Operations).

#### 3.2.3. FACULTY, SCHOOL AND DIVISIONAL MANAGEMENT TEAMS

These teams are responsible for setting business unit objectives aligned to corporate objectives, approving management plans, reviewing progress and monitoring safety performance at least quarterly and more frequently as necessary. Each team should nominate a member to take a lead responsibility in the oversight and championing of health and safety for the business unit.

### 3.3. DEPARTMENTAL SPECIALIST SAFETY ROLES

Each Head of Department shall appoint a Departmental Safety Officer to assist in the creation, development, monitoring and review of the Department's arrangements for safe working. In addition the Head of Department shall appoint persons to specialist roles to provide assistance in areas of work involving ionising radiations (Departmental Radiation Protection Supervisor), genetically modified organisms (Departmental Genetic Modification Safety Officer) and lasers (Departmental Laser Safety Supervisor) and any other areas of activity in respect of which the provision of specialist advice may be warranted.
The nominated persons shall be recorded in the Departmental Nominated Responsible Persons Register (RPR) in RiskNET (https://www.ucl.ac.uk/safety-services/risknet)

The duties of the Departmental Safety Officer and other specialist roles are set out in Safety Services website: https://www.ucl.ac.uk/safety-services/responsibilities

The Departmental Safety Officer must have access to the Head of Department in order to report events, hazards and other circumstances that must be brought to the attention of the Head. They should have sufficient experience and personal qualities to be able to act on behalf of the Head in matters relating both to untoward events and to the business of routine safety monitoring and reporting. They are not expected to be safety professionals and should seek advice on safety law and practice, both national and organisational, where necessary, from Safety Services.

3.4. HEALTH & SAFETY COMMITTEES

3.4.1. UCL HEALTH AND SAFETY COMMITTEE (HSC)

The Health and Safety Committee (HSC) has been established under the delegated authority of the President & Provost with the purpose of developing and managing UCL’s safety policy and strategy. It is the focal point for health, safety, and fire safety compliance. It aims to support managers and ensure that there is a co-ordinated approach across Departments. The HSC is constituted in accordance with the Safety Representatives and Safety Committees Regulations (1977) as amended by the Management of Health and Safety at Work Regulations (1992) and the Health and Safety (Consultation with Employees) Regulations (1996).

Subject to any general or particular direction that may from time to time be given by the Council, the Health and Safety Committee is charged by Council:

- To maintain an overall assessment of the key UCL health and safety risks from which priorities for action are set and reviewed annually
- To set objectives, standards and targets to improve health and safety management.
- To approve policy, standards and strategy for the management of health and safety at work within UCL and compliance with health and safety legislative and other requirements
- To establish specific safety sub-committees and working groups as appropriate
- To provide a forum for consultation and discussion between UCL Management and trade union safety representatives on health and safety matters
- To receive items of significance from such specialist committees or other groups with responsibility for health and safety-related matters as HSC may set up and/or which operate under the aegis of the HSC
- To consider reports and factual information provided by inspectors of the enforcing authorities appointed under the Health and Safety at Work etc Act 1974
To consider reports that trade union safety representatives may wish to submit
To monitor progress against objectives, targets, plans and remedial actions, and determine actions necessary to address areas of non-compliance where there is significant risk
To monitor and review the adequacy and implementation of UCL arrangements, including training and safety and health communication and publicity within UCL
To review safety performance indicators, investigations of significant failures, independent inspection and audit reports and associated remedial actions
To submit an annual report to Council, summarising the Committee's work in terms of safety and occupational health
To report to Council by submission to the Council officers of Minutes of each meeting of the Health and Safety Committee

The membership of the committee is shown in Appendix 1: The Terms of Reference can be found on the UCL website (http://www.ucl.ac.uk/staff/committees/health-safety). Standing Advisers are responsible for providing guidance and assistance to members of the Health and Safety Committee in the formulation of policy and arrangements for the management of health and safety. Other Advisers (such as the Fire Safety Manager) are invited to attend meetings on an ad hoc basis.

Stress and well-being is treated like any other health & safety risk and is considered in the wider context of health and safety risk management at the University. This ensures that a wider audience has the opportunity to consider and contribute to matters associated with stress and wellbeing at work, thereby improving the effectiveness of stress risk management. The HSC considers issues relating to the management of stress risk and wellbeing at UCL, including the:

- Review of UCL’s Policy on Managing Stress at Work and associated procedures to ensure its effectiveness and compliance with the Health and Safety Executive Standards for Managing Stress at Work;
- Review of data (such as those resulting from employment policy monitoring, reports of Employee Assistance Programme take up, sickness absence data and Staff Survey results) for indicators of stress risk and to formulate proposals to address areas of concern identified
- Development of proposals to ensure that staff are provided with appropriate support to build resilience and work effectively at times of pressure

3.4.2. IONISING RADIATION COMMITTEE (IRC)

Subject to any particular or general direction that may from time to time be given by the Health and Safety Committee (HSC), the Ionising Radiation Committee (IRC) is charged by Council:

- To advise Council, through the HSC, on all matters relating to work with Ionising Radiations in UCL
- To implement, on behalf of Council, UCL policy with respect to work with Ionising Radiations in UCL
- To monitor, on behalf of Council, the use of radioactive materials in UCL
- To advise Council, through the HSC and to monitor, on behalf of Council, work involving security rated radioactive materials in UCL
- To report to the HSC any matters deemed significant by the Committee

The membership of the committee is shown in Appendix 1:

The governance arrangements for ionising radiation are shown in the diagram below:
3.4.3. **GENETIC MODIFICATION SAFETY COMMITTEE (GMSC)**

Subject to any specific direction that may be given by the Health and Safety Committee, the Genetic Modification Safety Committee is charged by Council:

- To act as the Genetic Modification Safety Committee as required by Regulation 8 of the Genetically Modified Organisms (Contained Use) Regulations 2014.
- To advise Council, through the Health and Safety Committee, on matters relating to genetic modification work in UCL.
- To implement, on behalf of Council, UCL policy with respect to genetic modification work.
- To monitor, on behalf of Council, the use of genetic modification in UCL.
- To report to the Health and Safety Committee any matters deemed significant by Committee.

The UCL GMSC also provides advice on GM risk assessments prepared by the Anthony Nolan Research Institute and The Royal Free London NHS Foundation Trust in accordance with local written arrangements.

The membership of the committee is shown in Appendix 1.

3.4.4. **DEPARTMENTAL SAFETY COMMITTEES**

To assist and advise the Head of Department on planning, prioritisation and implementation of measures to manage the risks of departmental activities, the Head of Department should constitute a Departmental Safety Committee or management group whose size, representation and meeting frequency should be commensurate with the magnitude of the risk and complexity of departmental activity. This information should be recorded in the committee Terms of Reference that should be reviewed annually. Where appropriate, and especially in smaller departments, health and safety matters should be considered regularly at departmental management meetings. The role of the committee will cover the following:

- Ensuring significant risks are being managed effectively
- Developing actions to meet corporate and departmental safety objectives
- Developing a programme of active monitoring (visits, checks and inspections) and the recording of significant findings and improvement actions.
- Establishing communication and consultation arrangements with staff, including where appropriate, local union safety representatives.
- Establishing effective communication and co-operation arrangements with other parties in shared workplaces.
- Monitor and review health and safety performance which should include:
  - progress against health and safety action plans
  - accidents and incidents trends, investigations and lessons learned
  - work related ill-health statistics and trends
  - analysis from active monitoring including schedules, responsibilities, training and risk assessments
  - contractors and partners performance
– key risks and issues
– health and safety training needs and completion of courses
– issues to be escalated to other forums
– issues to be escalated to the UCL HSC for matters of UCL policy and standards or those affecting UCL more widely

3.5. UNION APPOINTED HEALTH AND SAFETY REPRESENTATIVES

The following trade unions are recognised by UCL to represent UCL staff:

The University and College Union (UCU) is recognised by UCL to represent its Academic staff, Research staff and Administrative staff in academic-related grades.
See the UCL UCU website at http://www.ucl.ac.uk/unions/UCU/

UNISON is recognised by UCL to represent its Clerical, Secretarial, Manual and Ancillary staff.
The UCL UNISON website can be found at http://www.uclunionson.org

Unite (formerly Amicus)/MSF is recognised by UCL to represent its Technical staff. The Unite (formerly Amicus) website can be found at http://www.ucl.ac.uk/~ucyuami/

Matters of concern to staff should normally be raised through the established channels, namely the Departmental Safety Officer and/or Trade Union Safety Representative and the Head of Department. The campus trade unions, namely UNISON, Unite and the UCU, have confirmed that they are willing to represent all staff (including non trade union members) in discussing safety related matters at the Health and Safety Committee and to place on the agenda, issues of concern to any member of staff where they fall within the remit of the committee.

For the purposes of the Health and Safety (Consultation with Employees) Regulations 1996 any employee may seek representation on health and safety matters through one of the Trade Union Safety Representatives. A list of Safety Representatives is available from the Director of Human Resources. The names of the convenors of the three recognised trade unions, UCU, Unite and Unison, are shown on the statutory Health and Safety Law posters issued to departments for display at prominent locations.

3.6. UCL SAFETY SERVICES

Administratively, UCL employs within UCL Estates, and in accordance with the Management of Health and Safety at Work Regulations 1999, a number of competent Safety Advisers forming UCL Safety Services.

UCL Safety Services provide an independent source of competent safety advice across UCL and are responsible for the provision of the following services:

• Development of UCL Safety Policy, UCL Safety Standards, UCL Safety Guidance and supporting systems and tools
- Competent safety advice at all levels within UCL
- The coaching of UCL management in good safety management practice
- Advice on emergency planning and business continuity
- Investigation of serious accidents or high potential incidents
- Safety and business continuity training
- Liaison with enforcing authorities
- Inspections of hazard areas and risk based safety audits

Competent fire safety advice is provided by UCL Safety Services. The activities of the fire safety team are organized and arranged under a documented management system contained in the Operations Manual which provides assurance of quality of work and deliverables which is subject to third-party certification under the British Approvals for Fire Equipment (BAFE) SP205-1 Scheme and National Security Inspectorate (NSI) Silver.

### 3.6.1. HEAD OF SAFETY

The Head of Safety has responsibility for the development and review of UCL’s safety policy and strategy and the development, management and review of the provision of independent safety advice on behalf of UCL in support of the policy and strategy including:

- Development, review and evaluation of the safety management system to ensure it is fit for purpose and promotes continuous improvement;
- Review of Departmental organisation and arrangements which support the aims and objectives of this Policy;
- Identification, delivery and review of safety training needs for UCL;
- Reporting to the HSC and senior management on UCL’s safety performance;
- Acting as the professional head for all safety advice and ensuring that adequate arrangements are in place to provide:
  - competent safety advice at all levels within UCL and for all areas of safety risk;
  - focussed operational support to key risk activities;
  - such monitoring, auditing and reviews as are required to give Council assurance that the management of safety at UCL is adequate and that risks are adequately controlled

### 3.6.2. SPECIALIST SAFETY ROLES

The Head of Safety, on authority from HSC, is responsible for ensuring the appointment of the following specialist safety roles.

#### 3.6.2.1. BIOLOGICAL SAFETY ADVISOR

Responsible for:

- Providing advice on compliance with the Control of Substances Hazardous to Health Regulations in respect of work with biological agents.
• Providing advice on compliance with the Genetic Modification (Contained Use) Regulations
• Act as Biological Safety Officer with respect to genetic modification work throughout UCL and in particular to co-ordinate:
  – The drawing up of Local Rules in all departments involved in genetic modification work.
  – The investigation of incidents and the keeping of appropriate records.
  – The safe storage of genetic modification material in departments.
  – Local inspections of genetic modification facilities throughout UCL
  – Advice given to departments on the safe storage, transport and disposal of genetically modified organisms, disinfection procedures, the testing, where necessary, for genetically modified organisms outside containment facilities and the physical security of laboratories.
  – Advice and technical support to the Genetic Modification Safety Committee on risk assessment and classification
  – Ensuring all statutory notifications are made to the Health and Safety Executive and that records are maintained as appropriate

3.6.2.2. **DANGEROUS GOODS SAFETY ADVISER**

Responsible for:

• Advising UCL on the transport of dangerous goods and monitoring UCL’s practices and procedures for the transport of dangerous goods
• Ensuring an annual report is prepared on UCL’s activities in respect of the transport of dangerous goods
• Investigating serious accidents/incidents involving dangerous goods
• Monitoring UCL’s security plan for dangerous goods

3.6.2.3. **FIRE SAFETY MANAGER**

Responsible for:

• Advising members of the University on all matters of fire safety, ensuring suitable arrangements are identified to meet the requirements of current fire legislation
• Liaising with members of Estates Division and external contractors in all fire precaution matters affecting new building, extensions and alterations to existing buildings
• Maintaining the Fire Safety Manual (fire risk assessment, fire strategy, building information and evacuation plans)
• Preparing, organising and carrying out fire safety training and fire drills
• Investigating incidents involving fire related matters and preparing management reports
• Auditing fire safety provisions in all University buildings and advising on any remedial action
• Liaising with the Fire and Rescue Service and the University’s insurers

3.6.2.4. RADIATION PROTECTION ADVISER

The RPA is a statutory appointment to enable the University to purchase, store, use and dispose of radioactive materials. They are responsible for advising on all matters of radiation protection, which include:

• The implications of statutory provisions
• The storage, distribution and disposal of radioactive substances according to the registrations and authorisations granted by the statutory authorities
• The control of exposure to radiation, to as low a level as reasonably practicable
• The identification of and restriction of access to controlled and supervised areas

3.6.2.5. RADIOACTIVE WASTE ADVISER

The RWA is a specialist in radioactive waste disposal and environmental protection who has demonstrated competence in the RWA syllabus. Anyone with a permit under the Environmental Permitting Regulations to accumulate or dispose of radioactive waste needs to appoint an RWA.

3.6.2.6. RADIATION PROTECTION OFFICER

Responsible for:

• Managing radiation protection within the University on a day-to-day basis
• Operating a system of personal dosimetry and area monitoring
• Drafting written systems of work and Local Rules
• Contributing to plans for new plant or premises or alteration to existing ones which may affect radiation protection
• Investigating abnormal exposures to radiation
• Providing or arranging for the provision of radiation training
• Inspecting, monitoring and auditing arrangements for radiation safety
• Liaising with the various statutory authorities and assisting with their inspections
• Following a programme of continual professional development so that the standard of professional expertise is maintained
• Carrying out any other radiation protection duties as may be assigned by the University
• Overseeing the use of ionising radiations at UCL
• Ensuring that as a minimum standard the requirements of the Ionising Radiations Regulations and the Environmental Permitting Regulations
3.6.2.7. LASER PROTECTION OFFICER

Responsible for:

- Ensuring the continuing safe use of AOR equipment
- Monitoring compliance for ensuring safe AOR use
- Creation and maintenance of a list of identified AOR equipment
- Acting as a point of contact for seeking appropriate advice from a certified external LPA
- Ensuring regular liaison is maintained between the DSOs, LSOs and the LPO
- Address any non-compliances raised by the LSOs etc. and escalate significant issues to the UCL Health & Safety Committee
- Liaise with enforcing authorities

3.7. WORKPLACE HEALTH

Workplace Health, UCL’s occupational health and wellbeing service is part of UCL Human Resources and is staffed by Specialist Practitioner in Occupational Health and Occupational Health Nurses who provide competent and objective advice to UCL professionally regulated students, staff and managers on the impact of work and study on health and on the effects of health on work and study in order to assist UCL in promoting physical and psychological wellbeing and prevent illness and injury arising from UCL activities.

Workplace Health provides the following services to UCL:

Primary

- Advice to staff, students and managers at all levels to enable them to reduce the risk of adverse health effects related to work and study and to assist UCL in meeting its legal duties
- Statutory ‘Health Surveillance’ where risk assessments have identified residual risks and where appropriate health surveillance measures are available
- Monitoring the effectiveness of health and safety controls through health surveillance
- Reports to Heads of Departments through designated departmental contacts to assist with legal compliance under the COSHH Regulations
- Immunisation and advice to protect staff and students against work-related infectious disease
- Development and coordination of UCL’s staff wellbeing strategy ‘Wellbeing at UCL’ aimed at improving the experience of work and study at UCL

Secondary

- Preventative programmes to protect staff and students against workplace hazards e.g. infectious disease, musculoskeletal disorders and psychosocial hazards
- Objective advice on individual cases to staff, students and managers to enable them to manage health at work effectively

**Tertiary**

- Support and assistance programmes to provide students, employees and managers with access to urgent intervention for work-related infectious disease, emotional crises and to provide early intervention for relevant work-related health problems

### 3.7.1. DIRECTOR OF WORKPLACE HEALTH

The Director of Workplace Health is responsible for the development, management, review and provision of objective occupational health and wellbeing advice and services that enables UCL to meet its statutory requirements and its Strategic, Human Resource and Health and Safety objectives.

### 4. HEALTH AND SAFETY RISK MANAGEMENT

#### 4.1. TARGET 100 (T100)

UCL needs a robust and systematic means of ensuring the management of health and safety of its activities. A variety of standards and guidance documents are available which describe key requirements for effective safety management systems. UCL subscribes to the Plan, Do, Check, Act (PDCA) approach in line with HSE/USHA/UCEA guidance.

T100 provides a route map for improvement tailored to meet UCL’s environment and allows departments to consistently measure and plan for improvement - outputs can be readily visualised and easily understood and therefore plans can be set and monitored which can be built on year on year.

T100 uses a number of defined areas around the PDCA cycle with each area having a discrete set of key performance indicators (KPIs) associated with them. A set of practical actions (termed measures) have been defined for each KPI to enable departments to see exactly how they can achieve the target of 100% (hence the name of T100).

#### 4.2. RISK ASSESSMENT

It is the responsibility of the Head of Department to ensure that formal, systematic assessments are made of all activities, of the equipment and materials used for those activities and of the locations where the activities are carried out in accordance with the UCL requirements and guidance (http://www.ucl.ac.uk/estates/safetynet/) and defined responsibilities.

To facilitate this a risk assessment tool is provided within RiskNET (https://www.ucl.ac.uk/safety-services/risknet). This tool provides an online approval and
authorisation process for Departmental risk assessments as well as central database storage of completed risk assessments with smart search function.

Relevant professional support should be consulted before any high risk or complex activity is undertaken. The essential requirement is that at any time the manager responsible for the work activity is able to demonstrate:

- A suitable and sufficient risk assessment has been carried out, in good time and for every stage, for all risks associated with their work
- The necessary controls identified have been put in place
- The Occupational Health Service have been informed of staff requiring health surveillance and immunisation using the Job Hazard Identification form
  http://www.ucl.ac.uk/hr/occ_health/forms/job_hazard_form.doc
- Effective communication of significant findings to those who may be affected by the activity
- That assessments are recorded and reviewed periodically and especially when the work changes
- That the controls continue to be appropriate and in place

All those involved in the activity, including the manager responsible for the workplace, will provide relevant information to inform the risk assessment process and will co-operate with those responsible to ensure appropriate controls are successfully implemented.

Monitoring of the completion and sufficiency of risk assessments is a key role of the safety forums as part of the active monitoring process.

4.3. FIRE RISK ASSESSMENT

Fire risk assessment is a core part of the fire safety management process. A fire risk assessment of each building is carried out using the PAS 79 methodology and documented using a bespoke pro-forma, looking at the building itself, the fire precautions and the activities and management of all departments within the building. Action plans will be created detailing remedial work required by departments to reduce or maintain the risk. The frequency of fire risk assessments is determined by the building Category.

- Category 1 buildings will be fully fire risk assessed every four years, being of a perceived lower risk. (These buildings will generally be small, with low numbers of people present, generally with office-type occupancy and good means of escape available)
- Category 2 buildings will be fully fire risk assessed every three years, being of a perceived 'standard' risk. (These buildings will range from small to very large, with numbers of occupants also ranging greatly, as will type of occupancy. However, hazards will be considered to be generally well managed, and means of escape will be considered reasonable)
- Category 3 buildings will be fully fire risk assessed every two years, being of a perceived higher risk (relative to other UCL buildings). (These buildings will generally have higher fire loads, more materials that are flammable and/or other process hazards. There may be
lower standards of management than at other UCL buildings, or lower staff numbers, and a combination of these factors may lead to the decision to class a building as Category 3)

All UCL premises have a base fire risk assessment (FRA) which are uploaded to riskNET as the cornerstone of recording and communicating the significant findings of that assessment. This will form the basis of the fire risk assessment process for the life of that building.

- Base Fire Risk Assessment (FRA) - is a comprehensive fire risk assessment, in accordance with PAS 79.
- Fire Risk Assessment Review (FRAV) - is a fire risk assessment with a restricted scope, reviews will be carried out annually between the FRAs to check any changes, issues or findings in the buildings.

Each building will have a FRA according to the frequency defined by the building category. This process will ensure that, not only can UCL demonstrate a process of continual review, but also that the Base Fire Risk Assessment will remain relevant and up-to-date, and form the foundation for fire safety management within each building on the Estate.

Fire risk assessments and reviews are recorded directly on riskNET. Copies of the fire risk assessment documentation can be printed as a PDF document and stored in the Fire Safety building file as a backup.

In accordance with the requirements of the BAFE SP205-1 Scheme, each fire risk assessment forming the Base Fire Risk Assessment, and any updated versions of that Base Fire Risk Assessment, will be issued with a BAFE certificate. Further information from: UCL Fire Safety Technical Note TN075.

4.4. RISK REGISTERS

Risk registers are kept at Divisional and Faculty level and significant health and safety risks raised and escalated during the risk management process are entered onto these registers for scrutiny at the corporate level.

5. TRAINING, AWARENESS AND COMPETENCE

5.1. INDUCTION

It is a mandatory requirement for new staff and graduate research students, undertaking work at UCL to receive the UCL safety Induction. This is comprised of a local safety induction followed by a corporate induction. It is the responsibility of the line manager to ensure they receive both components. The completion of the local safety induction is a prerequisite for the new starter to undertake the UCL Corporate Safety Induction provided via UCL Moodle, https://moodle.ucl.ac.uk/ which, when completed concludes formally the UCL Safety Induction Training.
Fire safety induction training - comprises completion of Basic Fire Safety e-learning available on UCL Moodle, coupled with a local walk of escape routes within their work area(s) by their departmental manager, Departmental Safety Officer (DSO), or Fire Evacuation Marshal (FEM).

Contractors and visitors must receive a local induction relevant to their work or visit but do not have to complete the corporate induction. This is the responsibility of the person in control of the contractor or visitor.

5.2. TRAINING

Health and safety training is managed across UCL by the Safety Training Manager, Safety Services and is delivered by the Safety Advisors as well as external training providers. Safety Services also develop and deliver bespoke safety training and/or will identify third party training organisations who can meet the criteria identified with the area requiring the training.

Safety Services is committed to providing UCL departments with pragmatic solutions to meet their training needs by collaborating with departmental staff in tailoring the training based on a mutual understanding of safety risks of their academic, research and/or business activities.

5.2.1. TRAINING NEEDS

The specific role and individual responsibilities will determine what training is appropriate and Departments are responsible for identifying the training needs which should reflect the hazards and associated risks.

To help individuals and their manager decide on an appropriate training and development programme, there is a "one stop shop" for information on all health and safety training courses given throughout the year on the UCL Safety Services website:

https://www.ucl.ac.uk/safety-services/learning

Training must be booked using the Single Training Booking System (STBS)
https://www.ucl.ac.uk/hr/UCLTrainingBookingSystem/

5.2.2. TRAINING RECORDS

All training provided by UCL Safety Services will be recorded in the UCL corporate training record system within Resource Link and, related training conducted by the department such as, the local safety induction should be recorded by the individual using the Learning Event Recording System http://www.ucl.ac.uk/hr/od/recording/index.php

Training requirements of individuals are identified by the line manager, taking into account differing levels of responsibility, ability and risk. Managers should ensure that plans are produced and implemented to meet the training needs including any identified specifications. Managers should review training needs on a regular basis, as well as upon recruitment, at activity/job change and on identification of new hazards or change in risks, and revise if necessary.
5.2.3. TRAINING EVALUATION

Evaluation is done in several ways using the following methods:

- Close monitoring of the percentage of people who have completed core safety courses
- Completion of qualitative feedback forms by course participants on standalone courses
- Some form of quantitative monitoring, e.g. short question set to establish what candidates have learnt from the course for standalone courses (the interactive course already has quantitative monitoring)
- Monitoring of staff’s work activity, in terms of safety competence, on completion of training
- Inclusion as part of assurance monitoring schemes

5.2.4. INSTRUCTION

Instruction is specific practical information on how to carry out a process safely, i.e. the communication of a safe system of work. The University has a core of highly skilled, experienced and knowledgeable supervisory staff and it relies upon the transfer of their skill, experience and knowledge to its support staff. Instruction can be both verbal and written.

5.2.5. REFRESHER TRAINING

Because of the importance of updating competencies and keeping track of legislative changes etc, refresher training has been set for some specific health and safety courses. The description of each individual training module provides details of the refresher training requirements.

Fire refresher training - staff working in Category 1 buildings should receive a full refresher training as per induction training every four years, staff working in Category 2 buildings should receive full refresher training every three years, staff working in Category 3 buildings should receive full refresher training every two years. Where an individual staff member works in numerous buildings, they should repeat the training in the frequency defined by the highest Category of building in which they work.

6. COMMUNICATION, CONSULTATION & CO-OPERATION

6.1. COMMUNICATION

6.1.1. INTERNAL COMMUNICATION

Health and safety communications are distributed using a number of routes:

- The Safety Services website https://www.ucl.ac.uk/safety-services
- Occupational Health Services: http://www.ucl.ac.uk/hr/occ_health/
- Occupational health advice given by Occupational health advisors on individual or group basis
- Health and safety briefings given by the safety advisors to the appropriate targeted audience.
- Management and safety forum meetings
- Departmental nominated safety persons
- Notice boards
- Emails

6.1.2. EXTERNAL COMMUNICATION

UCL plays an active role in a number of Higher Education (HE) and professional forums such as USHA, HEBCoN, EPC, BCI, IRM, CBI Health and Safety Panel, RoSPA, IOSH, ISTR, HEOPs, HSE working groups etc.

6.1.3. ENFORCING AUTHORITY CONTACT AND LIAISON

Contact, including correspondence from any enforcing authority relevant to health and safety, e.g. from the Health and Safety Executive (HSE), Environment Agency (for radiation), Fire Authorities and Police (Counter Terrorism Security Advisor in respect of chemicals, radiation and biological agents), must be notified to Safety Services by the quickest possible means. Safety Services will provide the appropriate support and advice to the managers.

Any person needing to contact any of the enforcement authorities listed above, on other than on-going business, must liaise with Safety Services to facilitate the approach and monitor the outcomes from any contact.

6.2. CONSULTATION

The arrangements for consultation on health and safety issues are set out in Section 3.5.

The recognised unions represent all UCL employees for the purposes of formal consultation on matters of health and safety. Local arrangements to ensure compliance are identified in the Department’s organisation and arrangements.

6.3. CO-OPERATION

UCL will ensure as far as is reasonably practicable that:

- Third parties appointed by UCL to carry out work on its behalf are competent for the activity they are to carry out
- There are arrangements for the co-ordination by those in control of the activities,
- Arrangements are in place for the exchange of information on risks, responsibilities and controls
- There are suitable arrangements for supervision, reporting and monitoring
- The UCL manager in charge of an activity for which any contractor is engaged is responsible for co-ordinating the contractors work with the activities of UCL, and the exchange of information on risks and controls.
• There are suitable arrangements for shared workplaces

Guidance is available on the Safety Services website at: http://www.ucl.ac.uk/estates/safetynet/guidance/management/index.htm

7. OPERATIONAL SAFETY

7.1. SPECIFIC HAZARDS

7.1.1. MANAGEMENT OF FIRE SAFETY

The foundation of fire safety management at UCL is a risk-based approach. An annual review of the UCL Estate is carried out by the fire safety team, during which risks are considered on a building-by-building basis. Each building is given a ‘Category’, between 1 and 3, which reflects the experience of the UCL fire safety team in terms of assessment of the local fire management standards, process or storage hazards and the general standard of the building and the fire precautions therein. The review is qualitative as opposed to quantitative.

Fire safety signage and extinguishers are managed by the fire safety team. This includes the locations for signage and other equipment, organizing placement of equipment and maintenance of condition and location of equipment, including reactive maintenance. The team also provide specialist input into active fire equipment contract management, where those contracts are managed by others, within UCL Estates.

Heads of Departments have a duty to ensure that relevant persons that may be affected by their acts or omissions are mitigated from exposure to fire risks and explosions, as far as reasonably practicable, within their department’s occupied and teaching space. More detailed guidance is provided at www.ucl.ac.uk/fire/

7.1.2. MANAGEMENT OF BIOSAFETY

7.1.2.1. GENETIC MODIFICATION

The UCL GMSC (see 3.4.3) provides advice on risk assessment of GM activities as required under the Genetic Modification (Contained Use) Regulations. Because of the scale of the work carried out at UCL, only a proportion of assessments are formally reviewed by the committee when they meet. The University Biological Safety Adviser (UBSA), on behalf of the GMSC, reviews and advises on all assessments as they are submitted to Safety Services. Assessments of higher risk activities (Class 2 and 3 along with hazard group 3 work) are also peer reviewed by at least 2 members of the UCL GM advisory pool. The GMSC formally ratifies all assessments when they meet. This ensures that GM work is not delayed, but allows both the UBSA and GMSC to maintain oversight of the activities across UCL.
7.1.2.2. CONTAINMENT LEVEL 3 ACTIVITIES

Containment Level 3 (CL3) laboratories are deemed by the Health and Safety Executive Microbiology and Biotechnology Unit to be high hazard facilities and as such need to be subject to high standards of management; both in terms of the facility and the staff who work in them. Safety Services carries out a regular programme of inspection and audit of UCL’s CL3 laboratories and also facilitates a UCL CL3 user group to promote consistency of approach and sharing of good practice.

7.1.3. RADIATION

Radiation protection at UCL is coordinated by the Radiation Protection Officer (RPO) and an RPO/Safety Advisor in Safety Services. They work closely with the RPSs from the different departments and the RPA and RWA to ensure compliance with the legislative requirements of HSE, Environment Agency and other organisations and includes internal auditing.

The RPO and Licence Co-ordinator manage all aspects of UCL’s Environment Agency (Radioactive Substances Regulation) Permits including new applications, variations and revocations, and provision to the Environment Agency of Annual Pollution Inventory Returns. Departmental allocations and usage/waste returns are managed by Safety Services through RSS, UCL’s dedicated radiation management database.

Disposal of radioactive waste is managed by the Facilities Services Manager.

The organisational and reporting structures for UCL management of radiation are shown in Section 4.2.

7.1.4. CHEMICAL

Chemical safety is managed by the departments in co-ordination with Safety Services.

A designated Safety Advisor in Safety Services works with the departments to ensure compliance on managing regulated chemical, especially those under the Chemical Weapons Convention, The Illicit Drug Precursor Control Regulations and The Poisons Act. The SA manages the compliance of the legislative requirements, specifically managing the permits of use or regulated chemicals including new applications, variations and revocations and provision to the regulating authorities (Home Office and UK CWC National Authority part of the Department for Energy and Climate Change) annual inventory returns.

The departments that use/store these regulated substances must appoint and include in the responsible person register a Chemical Co-ordinator that will be responsible for helping the department achieve and maintain compliance.

The management of waste is controlled by the department, with the collaboration of Safety Services and managed by Hazardous Waste Services Technician.
7.1.5. ASBESTOS

University College London recognises it’s responsibilities and duties under the Control of Asbestos Regulations 2012 (CAR) and will take appropriate action to ensure the health and safety of staff, students, contractors and others who may be affected by the risks associated with asbestos containing materials present in buildings within the University estate. UCL has an active Asbestos Management Plan (AMP) which sets out the inspection and testing parameters for identifying ACM’s in its estate and how they are then dealt with.

UCL Estates Facilities and Infrastructure Department has an asbestos ‘Appointed Person’ as the operational lead on asbestos management.

7.1.6. CONSTRUCTION

Construction activities are managed by UCL Estates Department’s Capital and Facilities & Infrastructure Project Officers. Procedures called Stage Gates, based on RIBA building lifecycle, is used to ensure consistent approach delivering construction projects.

Projects Officers monitor contractors’ health and safety performance via frequent site inspections, progress meetings and unannounced site visits. To further ensure compliance and to promote positive health and safety culture within the organisation Senior Managers conduct monthly site Safety Tours.

Safety Services Construction and Maintenance Safety Advisor is providing guidance and support to ensure that Estates Department’s construction and maintenance projects are being carried out in compliance with current legislation, relevant regulations and organisational requirements.

Higher risk activities such as working in confined spaces, hot works, work at height etc. is controlled by UCL Estates permitting system which currently is undergoing a full review.

Deliveries for construction activities are controlled internally by UCL Estates Logistics Department.
UCL Estates have implemented systems and procedures to enable the management and control of the means of escape and the risk of fire during construction works. Where construction or refurbishment work is to be carried out in occupied premises, Project Officers must ensure that suitable arrangements and risk assessments are in place, to establish the extent of the building’s fire safety arrangements likely to be affected by the works.

Further guidance available from the fire safety web (see Mandatory Instruction MI02 at www.ucl.ac.uk/fire).

UCL Estates have implemented systems and procedures to enable the management and control of the means of escape and the risk of fire during construction works. Where construction or refurbishment work is to be carried out in occupied premises, Project Managers must ensure that suitable arrangements and risk assessments are in place, to establish the extent of the building’s fire safety arrangements likely to be affected by the works.

Further guidance available from the fire safety web (see Mandatory Instruction MI02 at www.ucl.ac.uk/fire).

7.2. SAFE PLACE OF WORK

The responsibility for providing the University with buildings of sound construction with safe means of access and egress rests with the Director of UCL Estates. UCL Estates are responsible for the construction, maintenance, refurbishment and demolition of all University buildings. They are also responsible for the care and maintenance of the University estate (except for public roads and pathways). No staff other than those in the above Services may engage in any of these activities.

The Head of Safety has appointed a Construction Safety Advisor for specialist advice in this area.

7.3. SAFETY OF PLANT AND EQUIPMENT

All plant and equipment which is an integral part of the University infrastructure is the responsibility of UCL Estates. This includes such items as large power generators, lifts, boilers, access barriers, fixed installation fume hoods, etc.

All other items are the responsibility of the owning Department and in some cases these may be shared between more than one Department. Where this is the case, roles and responsibilities are set out in the following UCL standards:

- Lifting equipment – managing the risks: inspection, examination and testing; and
- Pressure systems – managing the risks: examination and testing
7.4.  PERMIT TO WORK AND CONTROL OF CONTRACTOR ARRANGEMENTS

Responsibility for the permit to work system for activities on or in UCL premises rest with the Director of UCL Estates. Arrangements for the Control of Contractors and permits to works are detailed in documents held with UCL Estates and local Permit to Work offices on UCL sites.

Local control for the administration of the Permit to Work arrangements is carried out by the UCL Estates managers.

7.5.  SAFE SYSTEMS OF WORK

Departments are responsible for ensuring that any work procedures which expose the individual to a significant hazard are assessed for risk and appropriate control measures are applied. One of the control measures is to use a safe system of work which is a work procedure specifically designed to reduce exposure of the operator to health and safety risks. They may be verbal or, preferably, in the form of a written scheme.

8.  DOCUMENT AND RECORD MANAGEMENT

8.1.  DOCUMENTATION

8.1.1.  DOCUMENTATION STRUCTURE

The specific requirements together with appropriate guidance to achieve safe systems of work are set and documented within the corporate safety documentation. At a local level these are reflected in local procedures and work instructions. All published corporate health and safety documentation is subject to periodic review managed by the Head of Safety. They are also reviewed specifically as a result of a change, whether an external change e.g. legislation, or an internal change e.g. as a result of an incident, outcome of an audit, etc.

8.1.1.1.  CORPORATE DOCUMENTATION

There are four categories of corporate safety management documentation:

Policy

- Documents, authorised by the Provost and President, containing statements by the organisation of its intentions, approach and direction in relation to its overall performance. A Policy document provides a framework for action and for the setting of objectives

Organisation and Arrangements

- The UCL Organisation and Arrangements document is authorised by the Provost and President. Changes to this document are the responsibility of the Head of Safety following approval by the HSC or SMT. The document is an
accurate record of the current arrangements of UCL for meeting its Safety Policy

Safety Standard

- Documents, authorised by the HSC, which describe what is required to ensure compliance, by whom, and guidance and tools on how to achieve it. They provide the link between the global policy statements and how these may be achieved in certain risk areas.
- Standards may contain within them Procedures which describe the methods to be used to achieve an activity and to what criteria. Procedures explain why the activity must be carried out, when, how and where it is to be done, and by whom it is to be carried out. Fire Safety documentation may contain both requirements as well as guidance for particular fire safety topics (see section 8.3.1)

Guidance

- Documents, authorised by the Head of Safety, which are advisory in nature giving advice on how to achieve safe systems of work when dealing with particular hazards or classes of hazard

Standards and Guidance will provide the source of reference for the vast majority of end-users.

8.1.2. LOCAL SAFETY DOCUMENTATION

All local safety documentation must be compliant with the relevant corporate documentation where this exists. The documentation at the local level sets out the organisation and arrangements that operate in that area and describe the way in which the Department will meet the corporate requirements where it is not set out specifically in the corporate documentation or where the Department wishes to set a higher standard. Corporate documentation will be of sufficient detail to meet the needs of the business in the majority of cases.

8.1.3. DOCUMENT CONTROL

Health and safety documents are published on Safety Services web site and are managed by UCL Safety Services’ editorial process. The editorial process includes the approval steps for the document and is the responsibility of the Head of Safety.

8.2. INFORMATION

Managers and staff have ready access to health and safety information through Safety Services Website https://www.ucl.ac.uk/safety-services

They can also use the HSE website as a source of free health and safety advice and information. It has a wealth of documents which may be saved or printed.
In addition a database of all current UK Statute Law may be found at:

http://www.statutelaw.gov.uk/Home.aspx

Safety Services use a number of on-line information services for health and safety-related reference material appropriate to UCL activities. The information on these is held by Safety Services. Members of Safety Services may be contacted to advise and inform by phone, email or personal visit.

Trade Union Health and Safety Representatives have a special interest in their members’ working conditions. They provide an invaluable source of health and safety information.

8.2.1. **FIRE SAFETY INFORMATION AND ADVICE**

Fire brigade premises information packs are produced for each building and placed in Premises Information Boxes (PIB) in the main entrance for use by the emergency services. Additionally, fire strategies and emergency plans are prepared, which provide information on the buildings for use by Estates and departmental staff.

Post Fire Drills – there will generally be a short Toolbox Talk will be between a member of the fire safety team and UCL FEMs. The main points from Toolbox Talks will be documented, and a record and available through RiskNET to department staff and in order that FEMs they can pass on relevant information to colleagues in the general staff population. It also offers an opportunity for FEMs to discuss any concerns or queries with the fire safety team.

The fire safety team produce and maintain a suite of UCL Fire Safety Mandatory Instructions and Technical Notes:

- **Mandatory Instructions** – are generally instructions to meet Statutory Compliance or where specific high-risk activities are required
- **Technical Notes** – are generally guidance to staff, students and department managers and others to assist in meeting a fire safe environment, good practice and background information to assist in the management of fire safety across the Estate

Mandatory Instruction and Technical Notes can be found at the following link:

http://www.ucl.ac.uk/fire
9.  MEASURING PERFORMANCE

9.1.  MONITORING

9.1.1.  RESPONSIBILITIES FOR MONITORING

Responsibility follows the line management structure so that checking of local controls will usually be done by local managers whilst checking of strategic control measures will be done by senior managers.

Checks which look at UCL as a whole will usually be done by senior management through the SMT and HSC and independently through UCL’s appointed auditors (KPMG) and the Safety Services function.

Management teams and/or the appropriate safety forums should monitor on a quarterly basis and where applicable the following:

- Accidents/Incidents (headline trends, investigation and closure analysis)
- Progress against action plans
- Analysis from active monitoring including management arrangements, inspections, assurance monitoring, responsibilities, training and risk assessments
- Suspected work-related ill health
- Third party performance, e.g. contractors, suppliers
- Key risks and issues including significant projects and legal and other changes
- Issues from other forums (i.e. actions)
- Issues to be escalated to other forums (recommendations)
- Key audit items

The amount of monitoring that needs to be done, i.e. the frequency and depth of measurement will depend on several different factors, including:

- Mandatory monitoring requirements with defined maximum intervals
- The degree of risk associated with the particular location/activity
- The likelihood of accidents/incidents occurring
- Individual UCL requirements

Key monitoring arrangements should be specified in the Departmental Arrangements.

9.1.2.  PROACTIVE MONITORING

Proactive monitoring includes:

- Monitoring of the achievement of specific plans
- Achievement against agreed performance targets and objectives
- Performance against identified actions, e.g. number outstanding/number complete/ effectiveness
• The systematic inspection of work systems, premises, plant and equipment, including for example, the number of inspections carried out against plan/number of non-conformances found per inspection
• Surveillance of workers’ health, where appropriate, through suitable screening methods for early detection of signs and symptoms of harm to health in order to make appropriate adjustments to work and to determine the effectiveness of prevention and control measures

Proactive monitoring should be proportional to the hazard profile and include activities undertaken by third parties on UCL’s behalf. Activity should concentrate on areas where it is likely to produce the greatest benefit and lead to the greatest control of risk. Key risk control systems and related workplace precautions should therefore be monitored in more detail or more often (or both) than low-risk systems or management arrangements.

9.1.3. REACTIVE MONITORING

Reactive monitoring includes the identification, reporting and investigation of:

• Work-related injuries, ill health (including monitoring of aggregate sickness absence records), diseases and incidents
• Other losses, such as damage to property
• Deficient safety and health performance
• Health and safety management system failures
• Adverse publicity, prosecution

Departmental arrangements should ensure that a follow-up procedure is established and operated to track the progress of actions arising out of the monitoring processes.

9.1.4. MONITORING OF THIRD PARTY PERFORMANCE AND COMPLIANCE

The frequency and extent of monitoring will vary from contract to contract depending on the nature of the goods or services being supplied, and for shared workplaces, on the agreed responsibilities between the two parties. Projects being undertaken on behalf of UCL Estates are monitored by UCL Estates. For shared workplaces further information is provided at: http://www.ucl.ac.uk/estates/safetynet/guidance/management/index.htm

9.2. STATUTORY CHECKS

Departments requiring statutory tests should appoint a member of staff [the Appointed Person (Statutory Testing)] who will maintain a list of equipment and associated accessories used by their department and ensure they are entered on the Zurich database managed by Estates.

Any changes to the list i.e. new equipment purchased or equipment out of use/disposed of, must be notified to the Responsible Person as soon as possible. New equipment should be notified in advance of installation so that an inspection can be carried out before first use of the equipment.
The Appointed Person should liaise with relevant departmental staff to facilitate access, when required, to equipment for the purposes of testing and examination by UCL’s competent person. Guidance and UCL standards can be found at

https://www.ucl.ac.uk/safety-services/a-z/statutory-testing/statutory-testing

10. **ACCIDENT/INCIDENT MANAGEMENT**

10.1. **ACCIDENT/INCIDENT REPORTING AND INVESTIGATION**

All accidents, including near misses, that occur during the course of UCL work must be reported promptly and investigated to determine lessons learned. The reporting and investigation procedure is mandatory and provides essential information to:

- Ensure action is taken to prevent recurrence
- Meet statutory requirements
- Help monitor and improve health and safety performance
- Provide information for responding to claims made against UCL
- Enable UCL to respond quickly and accurately to external enquiries
- The reporting of incidents is the responsibility of the individual or individual’s line manager and must be done through the riskNET on line reporting system
  
  http://www.ucl.ac.uk/estates/safetynet/

The arrangements for incident reporting and investigation are published on the UCL website

https://www.ucl.ac.uk/safety-services/a-z/accidents

All incidents must be reported on the on-line system “RiskNET”:

https://www.ucl.ac.uk/safety-services/incidents

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 1995) the University has a statutory obligation to report certain types of incidents and accidents to the HSE. This includes fatalities, certain types of major injury, injury which results in an individual not being able to work for more than 7 days, certain diseases and certain events, which although may have not resulted in any injury, have the potential to do significant harm.

All reports to HSE are made by UCL Safety Services. The HSE may investigate any incident / accident which is reported to them.

Fire statistics relating to incidents and automatic fire alarms, such as false alarms, are maintained by the team and monthly reports are prepared. A key part of this process is the monitoring of trends, particularly in respect of false alarms, that can inform approaches to reduce and minimise such occurrences.
10.2. **ACCIDENT/INCIDENT CLOSE OUT**

All initial incident notifications reported in riskNET should be signed off within 10 working days of the notification date. During this process the degree of risk is assessed in order to guide departments on the level of investigation that might be required. This is monitored at the Health and Safety Committee.

10.3. **SENIOR MANAGEMENT REVIEW**

Significant incidents are reviewed by a team of senior managers including the Chief Operating Officer and the Head of Safety following completion of a final investigation report. The aim is to examine the adequacy of the investigation process, the report and recommendations and to ensure that where necessary the lessons learned are applied across UCL.

11. **AUDIT**

11.1. **INTERNAL AUDITS**

Safety Audits are carried out principally by UCL Safety Services. Additional independent audits can also be undertaken by UCL’s auditors, KPMG. The safety audit programme is risk based and is the means by which the certification to the Levels in T100 are awarded for the departmental safety management systems. Topic based audits eg legislation specific such as CDM are selected for audit based on the following criteria:

- Where a high level of risk is associated with an area, project, process or system which may be safety-critical
- To follow up on previous control recommendations
- It is recognised as a significant area for which no review has been recently conducted
- The area is undergoing significant change
- Where a possible control weakness has been identified, for example, following a serious accident investigation
- A request from HSC or executive management
- Specific interest by an enforcement agency

The overall plan is subject to amendment in light of continuing discussions within UCL to highlight priorities for gaining assurance and the changing risk profile of UCL. All Departments are required to afford proper co-operation. Recommendations resulting from the audit exercise are referred to the relevant department and actions agreed. A review of the implementation of recommended remedial action is carried out by Safety Services as part of its assurance activities.

11.2. **EXTERNAL AUDITS**

Independent audits are also undertaken by UCL’s auditors, KPMG.
12. REPORTING OF PERFORMANCE

12.1. UCL PERFORMANCE REPORTS

The Head of Safety is responsible for the monitoring of UCL-wide issues on behalf of HSC. Safety Services collects measurement information which is pertinent to UCL as a whole including accident figures, fire statistics, progress against plans and achievement of UCL wide actions. Safety Services is responsible for the management and development of the necessary tools for the collection of the relevant UCL-wide health and safety data.

12.1.1. ANNUAL REPORT TO COUNCIL

The Head of Safety, on behalf of the HSC, is responsible for providing health and safety performance information for the annual report to Council.

12.1.2. UCL SAFETY PERFORMANCE REPORT

The Head of Safety is responsible for the preparation of a safety performance report which is submitted to HSC each quarter.

12.2. DEPARTMENTAL SAFETY PERFORMANCE REPORTS

Departments are responsible for the collection and consideration of information on the safety performance and the arrangements should be documented in the Departmental Organisation and Arrangements. Where a Department has a safety committee this information will form part of their considerations. The Head of Department, through the established reporting mechanisms in place, must seek assurance that there is evidence to demonstrate that the department’s activities are being undertaken safely and that key safety responsibilities, objectives and plans are being met.

Specific reports, as well as a query function capability, are held within RiskNET.

13. REVIEW OF PERFORMANCE

13.1. MANAGEMENT REVIEW

13.1.1. LEARNING LESSONS AND CONTINUOUS IMPROVEMENT

The management review processes, outcomes and actions should feed into the continuous improvement cycle for the management system as a whole and should take into account the following:

- Health and safety objectives of UCL
- Results of hazard and risk identifications and assessments
- Results of performance monitoring and measurements
• Investigation of work-related injuries, diseases, ill health and incidents, and the results and recommendations of audits
• Recommendations for improvement from all members of the organization, including the relevant committees
• Changes in national laws and regulations, voluntary programmes and collective agreements
• New relevant information
• Results of health protection and promotion programmes

13.1.2. DEPARTMENTAL SAFETY IMPROVEMENT

As part of the departmental planning and review processes specific improvement actions relating to safety are developed. These are based on Departmental needs but also take into account the actions deriving from the UCL Safety Objectives. The objectives and actions should be reviewed at the relevant management body or safety committee.

13.1.3. REVIEW OF ADEQUACY OF RESOURCE AND SUPPORT PROVISION

The adequacy of health and safety performance and the suitability, adequacy and effectiveness of arrangements for the management of health and safety need to be assessed and actions necessary to remedy deficiencies and effect improvements need to be taken.

Review is carried out at all levels of management of UCL. Reviewing includes responses to:
• Actions taken by first-line supervisors or other managers to remedy failures to implement workplace precautions which they observe in the course of routine activities
• Remedy sub-standard performance identified by active and reactive monitoring
• The assessment of plans at individual, departmental, site, group or organisational level
• The results of audits

Departments should decide on the frequency of the reviews and include and document in their Departmental Organisation and Arrangements suitable reviewing activities. Where improvement is required specific remedial actions which establish who is responsible for implementation and the deadlines for completion should be determined.

Safety topics are brought to the Professional Services Leadership Team meetings chaired by the Chief Operating Officer and at which there is also Faculty representation. The SMT receives a termly safety review report of UCL’s performance and the Council will receive an annual report summarising key activities and performance for safety from the HSC. This is designed to help answer two questions:
• Is UCL getting the basics right?
• Is it making and sustaining progress and continual improvement?

These results and other internal and external influences including reorganisation, new legislation or changes in current good practice, can result in redesign or amendment of any parts of the health and safety management system or a change in overall direction or objectives.
APPENDIX 1 – SAFETY COMMITTEE MEMBERSHIPS

HEALTH AND SAFETY COMMITTEE

Ex officio

Chief Operating Officer Convenor Ms Fiona Ryland
Director of UCL Estates Ms Francesca Fryer
Executive Director of Human Resources Dr Matthew Blain
Head of Safety Mr Paul Stirk
Deputy Head of Safety Mrs Hayley Ramsay
Director of Occupational Health and Wellbeing Mr Max Hill

Appointed

Members of staff of UCL appointed by the Committee on the recommendation of the Provost's Senior Management Team:

Chemistry Mr Brian Kavanagh
Mechanical Engineering Mr Keith Harvey
SLASH Ms Sandra Bond
London Centre for Nanotechnology Dr Matt Lougher
Cancer Institute Mrs Sonia Buckingham
UCL GOS Institute of Child Health Miss Tansy Jones
Division of Infection and Immunity Mrs Eira Rawlings
Division of Biosciences Mr Brian Campbell
Communications & Marketing Dr Rebecca Caygill

Nominated

Two Safety Representatives from the UCU, nominated by that Trade Union

Ms Theo Bryer (2)
Dr Alun Coker (2)

Two Safety Representatives from Unison, nominated by that Trade Union

Dr Rachel Hadi-Talab (1)
Vacancy (-)

Two Safety Representatives from Unite, nominated by that Trade Union

Mr David Ladd (6)
Mr Kelvin Gwilliam (1)
Observers

*Three Observers, one from each of UCL’s three trade unions*

Mr Colin Byelog [UCU]
Vacancy [Unison]
Vacancy [Unite]

*Two Observers from the Students' Union*

Miss Aatikah Malik
Ms Carol Paige

*The following may be invited to attend meetings at other times, as and when required:*

Chairpersons of Sub-Committees and Advisory Groups
Radiation Protection Officer
Fire Safety Manager
Other specialists

IONISING RADIANES COMMITTEE

Chair
Radiation Protection Officer
Radiation Protection Officer
Radiation Protection Adviser
Radiation Protection Adviser
Hazardous Waste Technician
Representative from Royal Free NHS Foundation
Trust

Professor Erik Arstad
Fiona O’Farrell
vacancy
Professor Peter Marsden
Ms Julie Robinson
Mr Gary Stratmann

Representative from Royal Free NHS Foundation
Trust

Mr Daniel McCool
Mrs Sonia Buckingham
Mr Duncan Kennedy
Dr Carla Milagre
Ms Noreen Farooqui
Dr Andrew Weston
Mr Adrian Rodgers
Mr Jon Blackman

Attending in her absence:
Attending in her absence:

Deputy Radiation Protection Supervisor
Attending in his absence:

Secretary
GENETIC MODIFICATION SAFETY COMMITTEE

Chair, Genetic Modification Safety Adviser and Representative from the Faculty of Engineering Sciences  Professor John Ward

Consultant Biological Safety Adviser Ms Sharon Webster

Representative from the Faculty of Biomedical Sciences Dr Yasu Takeuchi

Representative from the Faculty of Life Sciences (Biological and Medical) Mr Tony Langford

Representatives from the Royal Free Hospital
Division of Infection & Immunity: Professor Tim McHugh
Division of Medicine: Mr David Brown
Royal Free London NHS Foundation Trust: Mr Kofi Owusu

Representative from the Institute of Child Health Dr Julie Dumonceaux

Representative from the Institute of Ophthalmology Dr Sander Smith

Representative from the Institute of Neurology Dr Lee Stanyer

Representative from MRC Prion Unit at UCL Institute of Prion Diseases Dr Emmanuel Asante

Representative from the Anthony Nolan Trust Dr Hazel Forde

Representative from the School of Pharmacy Dr Andy Wilderspin

Member being a UCL departmental GMSO Mrs Sonia Buckingham

Member being a UCL Containment Level 3 manager Mr Doug King

Member being a postgraduate student involved in genetic modification work Vacancy

Secretary Mr Jonathan Blackman